

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 31/03/2021 12:36 (SGT)
Date of Accident 29/03/2021 15:10 (SGT)
Exact Location of Accident Pioneer, Singapore
Additional Location Information ALONG PIONEER ROAD AT T-JUNCTION OF SHIPYARD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP1719Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AAK LOGISTICS SERVICES PTE LTD
Company Reg No 2XXXXX787M
Email Address JANSON_CHAN@AAKLS.COM
Mobile Phone No (Phone) +65-81827255
Alternative Phone No +65-81827255

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 7545

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00038642100
Cover Note Number -

DRIVER

Name of Driver DANIALA BIN JUMAI
NRIC No SXXXX218I

Date Of Birth	07/09/1991
Occupation	Outdoor
Date Of Driving Pass	11/10/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96321301
Alt. Phone Number	-
Email Address	DANIALAJUMAIDI@GMAIL.COM
Address	BLK 310 TAMPINES ST 32 #02-126
Address complement	-
Postcode	520310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAZAK
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN & POLICE REPORT ATTACHED.

** THE VEHICLE HAVE TOW TO INSURED WORKSHOP, NEVER DRIVE TO REPORTING CENTER**

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
-----------------------------------	---------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

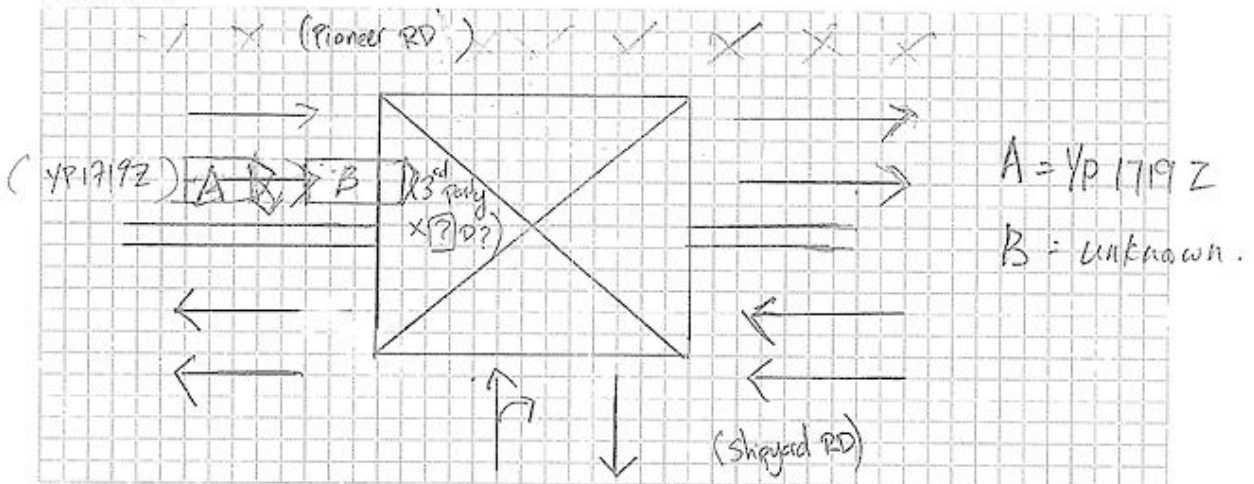
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1510hrs on 29th March 2021, I am travelling along Pioneer RD towards Pioneer Cres near the junction of Shiged RD, I collided head to rear with a XD??? vehicle (recycling truck, maybe Red or Green) I was behind XD ??? travelling straight on Green light at a speed of around 50km/h. It was raining heavily and the road surface was wet, XD ??? stop abruptly and not a gradual slow down, just after the junction's stop line, the driver didn't signal his intentions to turn right hence I was caught by surprise with a very limited time to react. I am roughly 1 sedan vehicle behind XD??? before collision, I immediately jam brake after I saw his brake light appear as the road condition was wet, I couldn't avoid the collision. XD??? drove off after the collision without stopping. I am a driver with AAK Logistics Services Pte Ltd. At the time of accident, I was doing a delivery job carrying 10 pallets of medical equipments and products. The pallets are properly arrange and secure, but due to the collision, some of the products were damaged. I am doing this report for insurance claim purposes. There was no serious injury.

* The vehicle tow to insured workshop. never driver to reporting center.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

UNIT-015 SKETCHPLANFORM-2021

31/03/21
1130hrs















**SINGAPORE
POLICE FORCE**



T/20210330/7044

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20210330/7044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 21:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DANIALA BIN JUMAIDI			Address: 310 TAMPINES STREET 32 #02-126 SINGAPORE 520310		
ID Type / ID No.: NRIC NO / S9134218I			Contact No.: Home/Office: Mobile: 96321301		
Nationality: SINGAPORE CITIZEN			Email: danielajumaidi91@gmail.com		
Sex: Male	Age: 29	Date of Birth: 07/09/1991	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/03/2021 21:13	Type of Location: T-Junction
Location: along Pioneer Road, near the junction at Shipyard Road				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
YP1719Z	Lorry	MITSUBISHI	FUSO FK62FMZ1R DEB		Seriously Damaged	1
	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210330/7044

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20210330/7044

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YP1719Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000386 42100	29/03/2021	28/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	RAZAK		ID No.	NIL
Related Vehicle	YP1719Z (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	DANIALA BIN JUMAIDI		ID No.	S9134218I
Related Vehicle	YP1719Z (Lorry)		Contact No.	96321301
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 4 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

At about 1510 hours on 29th March 2021, I was travelling along Pioneer Road towards Pioneer Crescent near the junction of Shipyard Road, I collided head to rear with a X D or E vehicle (I didn't capture the plate number, but it was a recycling truck, either a red or green in colour) was behind the X D OR E (didn't capture the plate number) travelling straight on a green light at a speed of around 50km/h. It was raining heavily and the road surface was wet, the vehicle in front of me stop abruptly and not a gradual slow down, just after the junction's stop line, the driver didn't signal his intention to turn right hence I was caught by surprise with a very limited time to react. I am roughly 1 sedan vehicle behind the X D or E vehicle (didn't capture the plate number) before collision, I immediately jam brake after I saw his brake light appear as the road condition was wet, I couldn't avoid the collision. X D or E vehicle (didn't capture the plate number) drove off after the collision without stopping. I am a driver with AAK Logistics Services PTE LTD. At the time of accident, I was on the way to do delivery carrying 10 pallets of medical equipments and products. The pallets are properly arrange and secure but due to the collision, some of the products were damage. I am doing



**SINGAPORE
POLICE FORCE**



T/20210330/7044

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20210330/7044

CONTINUATION OF REPORT

this report for insurance claim purposes. There was no serious injury.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210330/7044

4 of 4

Report No. T/20210330/7044

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/03/2021 21:40

Classification Of Case:



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

AN0478A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSNW00030842100	Engine No.: 6M60214586	
		Chs. No.: FK62FMA30090	
1. Index Mark and Registration Number of Vehicle	YP1719Z		
2. Name of Policy Holder	AAK LOGISTICS SERVICES PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/03/2021 (00:00:00)	Excess Sect I	\$800.00
		EX ON WINDSCREEN	\$5100.00
4. Date of Expiry of Insurance	28/03/2022		
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
6. Limitations as to use:	(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes. The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.			

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3, Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com